

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service, 7-24-01.
- b. The request was received on 4-25-02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. HCFA 1450s
 - c. EOBs and example EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA 1450s
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome Medical Records
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-28-02. The responses from the insurance carrier were received in the Division on 4-30-02 and 5-1-02.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 7-24-01.

2. The amount billed per the TWCC-60 is \$11,366.88.
3. The amount paid per the TWCC-60 is \$1,006.20. The amount in dispute per the TWCC-60 is \$10,360.68.
4. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted a UB-92 for ambulatory surgical services for date of service 7-24-01. The carrier has denied the charges in dispute as "M –IN TEXAS, OUTPATIENT SERVICES ARE TO BE PAID AS FAIR AND REASONABLE". The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

However, when determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. No reimbursement is recommended.

The above Findings and Decision are hereby issued this 29th day of August 2002.

Lesa Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

LL/II

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.